

Feb. 27, 1991

Met with Mr. Robert Dickler, Director of UI.H., as suggested in ltr. from Najarian dated Feb. 19. We spent a half-hour in relaxed fashion. I found Dickler apparently already committed regarding space in Masonic Hospital, which will become part of the Ambulatory Surgery Complex, using the overpass to the main U.H. bldg. He did, however, indicate that we could be assured of being moved into an area in which there would be adequate space with the office and waiting rooms in juxtaposition to the examining rooms and the spaces needed for same. He was not sure where this could be.

He was interested in having the Cancer Detection Center no longer be a free-standing and independent unit, but wanted it to be a real part of the hospital and medical school.

I agreed with the thesis that such a Center should have the enthusiastic participation of such specialties as hematology, radiology, medical oncology, etc. He agreed emphatically.

He suggested that he would like a joint conference among Najarian and Coggins, him and me. I agreed to get it set up.

March 6, 1991

Meeting of NAJARIAN, DICKLER, COGGINS, AND DENNIS. We met in Najarian's office. After some preliminary discussions of some meeting of the previous evening, there was much discussion about the Center, to which I did not add because it appeared to me there was not eye-to-eye agreement of Dickler with the Dept. of Surg. There was, however, restatement that new space was essential to success.

Najarian expressed interest in something like an Executive Health Center similar to that at Mayo Clinic. We discussed the type of space and the juxtaposition of office and examining areas, and there seemed to be agreement on this.

I gathered from listening that there has been dfcty. w Tom Ferris, Chmn of Med., who is less interested in seeing patients than desirable in the eyes of Surgery

Najarian clarified that a Ca.Det.Ctr. cannot be part of an Oncology Clinic, this mixes people ill from chemotpy., deforming operations, and radiation illness with people coming in hoping to be assured they are cancer-free.

Dickler said he wants an interdisciplinary cancer clinic.

Finally it was agreed I should "live in the Detection Center for a few weeks", get an Executive

Mar. 6, 1991, contd.

Physical Exam at the Mayo Clinic to see how things are done there, and then we should meet again.

March 12, 1991

I spent several hours with Stanley Williams in the Center, meeting the following personnel:  
Jill Hill, a pleasant blond person, full-time secretary in the office.  
Patty Beckmann, a slight brunette person, part-time in the office. *sturdy Blond*  
Debbie Baker, another part-timer.  
Kay Ellingson, a brunette part-timer.

Stanley and I went to the EXAMINING AREA, where Sta. 41 used to be. There I met the charge nurse, Mrs. BARBARA GLENZINSKI, a very pleasant and dedicated person who has apparently been putting up with perpetual moves from one location to another for the Center. I also saw Dr. LARRY KOTEK again. He grows on one. Also met a part-time M.D., Dr. LANGER, a young lady who is leaving in April to start a residency in psychiatry.

In the examining area I suggested we put together our ideas about what the program really needs in space and facilities. These were the suggestions:

1. Adequate office space contiguous to the examining area,
2. Three examining rooms not smaller than 8 by 10 feet,
3. Two rooms at least 8 by 10 feet for sigmoidoscopy(flex)
4. Two waiting rooms, each at least 10 by 12 feet,
5. Three rooms, each at least 8 by 10 feet, for pelvic examinations and for rigid proctoscopic exams, supplied with tables adaptable for either.
6. One teaching room with television,
7. One room with a vented hood for preparation of flexible endoscopes,
8. One small laboratory with work bench and sink.
9. One kitchen area with refrigerator.
10. One interviewing room.

The entire area should be arranged so that it can be accessible only through doors which can be locked when the office and clinic are closed. (There have been losses by theft, such as special wheel chair and typewriter).

The area should not be traversed by a thoroughfare since this would hinder security and efficient operation.

The composite area should be easily accessible from the P.W..Building.

The entire area should be air conditioned.

Mar. 12, 1991, contd.

Stanley Williams and I discussed other matters:

1. The state of the art in Ca detection. He has a copy of THE CANCER LETTER for Feb. 15, 1991, p. 4 on PERIODIC EXAM OR EVALUATION OF ASYMPTOMATIC PATIENTS which Stanley will get enlarged on the Xerox so I can read same. I could also get information from Dr. CHARLES SMART, who is in charge of Screening and early detection. I should contact him in regard to THE MULTICENTERR SCREENING COUNCIL.

Dr. Charles Smaart, Room 7A01 Blair Bldg., N.I.H., Bethesda, Md., 20852-4200; phone: (301)496-8544.

2. Jack Mandel, Ph.D. or D.Pub. He is an epidemiologist and P.I. of the Colon Ca Study. He wants part of the Ca coli here in that program.

3. Don Stewart had arranged with Local Ca Society to route women tdahrough the Ca Detect. Ctr. on the way to mammography. It was just about to get under way when Don died.

4. A request has come from Oncology to obtain 20 to 30 control women free of breast cancer for a research project, "Diagnostic Potentiality of multinucleate gianat cells in Malignant breast lesions". Dr. Raafat Y. Afifi, of Med. Oncol. in involved. Box 168 Also involved is Dr. Kay

5. The Minnesota Chapter of the Amer. Cancer Society ran a mammogram screening project during February. Some 3200 women had indicated they wanted to be in same. A report was requested by Mar. 1, but none has ben made. Checking on same with S. Williams indicates only 2 women inquired here and only one came. He will respond. The contact is Pat Koppa, V.P. for Program; phone 925-2772.

Later today I phoned Mayo Clinic from home. I called the Appts. Desk at Mayo Clinic in re the Mayo Executive Health Program. The phone number is (507)284-2288. I explained that I have retired from State univ. of New York but am entering employment at U. of Minn. on a half-time basis to administer one of the clinics. I did not state that I am an M.D. The first reaction was that there have been so many applicants that the Clinic is not accepting patients except from universities and corporations. I spoke first with a woman named Donna and then was referred to a Mrs. Carol Reed. Carol Reed agreed to send me a booklet on the program there pronto, but the first appointment I could get, if I were to be able to get one, was May 23 or May 29 or 30. The duration of the presence there for such examinations is about a day and a half.

Just as I finished editding this note on Mar. 14, a letter arived from Carol Reed (attached).

for LD  
181( )

March 12, 1991.

In the examining area I suggested Dr. Kotek, Mrs. Glenzinski, Mr. Williams, and I put together our ideas about what the program really needs in space and facilities. These were the suggestions:

1. Adequate office space contiguous to the examining area,
2. Three examining rooms not smaller than 8 by 10 feet,
3. Two rooms at least 8 by 10 feet for sigmoidoscopy(flex)
4. Two waiting rooms, each at least 10 by 12 feet,
5. Three rooms, each at least 8 by 10 feet, for pelvic examinations and for rigid proctoscopic exams, supplied with tables adaptable for either.
6. One teaching room with television,
7. One room with a vented hood for preparation of flexible endoscopes,
8. One small laboratory with work bench and sink.
9. One kitchen area with refrigerator. Patients come without breakfast to have bloods drawn and should be given something to eat upon arrival in the examining area.
10. One interviewing room.
11. One small room for dictation, some 8 by 10 feet.

The entire area should be arranged so that it can be accessible only through doors which can be locked when the office and clinic are closed. (There have been losses by theft, for instance a special wheel chair and a typewriter).

The area should not be traversed by a thoroughfare since this would hinder security and efficient operation.

The composite area should be easily accessible from the Phillips-Wangensteen Building.

The entire area should be air conditioned.

Mar. 20, 1991

Spent an hour with Stanley Williams and Bill Sullivan. Bill feels the present accommodations are totally unsatisfactory. There is a deficit, but no one complained about it. The reason was that with the bargain offered to the V.F.W. a large clientele was created, many of whom elected to have definitive care here instead of at home. In other words, the overall project was lucrative. With the attempt to make the Center self-supporting by raising the charge from \$100 to \$180, the clientele dropped off, and it has dropped from a high of 7,200 customers to about 3,000. Bill's idea is to continue to offer the bargain; he says "If you cannot swing a French restaurant, open a McDonald's".

He had ideas about gaining good space.

Station 22 is empty and in the Dept. of Surgery now. The hemodialysis activity is there, and some administrative function is there, but 2/3 of the rooms are just collecting junk storage; the administration function might be moved to our present location as an exchange if we move to Sta. 22. We looked there, and almost no reconstruction would be needed. Furthermore, this area will not be touched by the proposed reconstruction of the Station 21 area.

He also suggested setting up a satellite center. For instance the No. Pacific Hospital, formerly Good Samaritan Hospital is just 2 blocks south of Hamline Univ., and it has 300 beds, 10 operating rooms, and a heated 4-level parking garage. The only difficulty is that there would be intense objections from private practitioners in the Midway district. Hamline would buy or rent many of the buildings on the property, so that we might break even after paying a little over 2 million (Bill says he can find the money).

Dick Condi has his ALG lab on the Farm Campus in a new bldg built for that purpose, which he by no means fills. This would be free of political problems and perhaps cheap.

Another idea would be to house our whole operation in a mobile bus, but there are problems with this, political and cost-wise.

Mar. 22, 1991. We met Bill again. Several new ideas emerged. Bill Sullivan suggested we keep several choices in order: i.e., Consider Sta 22 as first choice, even though Bill thinks that if things go well we might outgrow the space available shortly. He thought Condi's bldg. might be secondary, but he was worried that Dr. Condi might be very sensitive about territory.

Mar. 22, 1991. Stanley W. and I rode over to see the No. Pac. Hosp. site. The hospital has been removed, and the area is covered with new homes. The office building is renting and partly occupied. We agreed we should go back to Bill and see if the space could be bought for less money than earlier. We have not yet gotten an invitation to visit Dick Condi's set-up on the Farm Campus.

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More with regard to STATION 22. Quality Assurance could be moved to give more room. Taking this area should give us enough space so we could take care of man and wife the same day and thus save people the cost of hotel stays over night. This has proven very important to several patients I have interviewed. Bill thought we might be able to lock the doors at both ends of the corridor whenever the Center is not active. He will get architects' drawings of the area for us.

SEVERAL ADDITIONAL QUESTIONS COME TO MIND.

1. How important is cash in the CDC.?
2. Why do we consider doing audiograms and Snellen tests, which have nothing to do with cancer detection?
3. Why in the world are we not REGULARLY TESTING STOOLS FOR OCCULT BLOOD?
4. What has become of the comparative testing of HEMOCCULT and HEMOQUANT?
5. It is high time I should meet with:
  1. Jack Delaney re breast biopsies
  2. Frank Cerra re l.i. cancer study.
  3. Ted Grage re H & N cancers
  4. Rothenberger re l.i. cancer study
6. Why is it that we do not have precise data about THE NUMBER OF PREVIOUSLY UNIDENTIFIED CANCERS IN PATIENTS WHO COME THROUGH THE C.D.C.? This requires fast use of the computer, since what info we have so far depends on the responses of the outside doctors or reports from doctors in the UMHC.